

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015896

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 20

FILED APR 30 1962

## 1. PLACE OF DEATH

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Hurricane Township

Length of stay in 1b  
Self

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Forrest Keeling Nursery

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Lincoln

c. CITY  
OR  
TOWN Elsberry

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS (If outside, give location)  
5 miles north of Elsberry

Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First Middle Last  
DELBERT DUNCAN MARLING

4. DATE OF DEATH  
Month Day Year  
April 23, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
8-26-05

9. AGE (last birthday)  
56

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farming

10b. KIND OF BUSINESS OR INDUSTRY  
self employed

11. BIRTHPLACE (City and state or country)  
Olney, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Walter W. Marling

13b. MOTHER'S MAIDEN NAME

Bertha Duncan

14. NAME OF HUSBAND OR WIFE

Helen Marling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no none

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Helen Marling Elsberry, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
15 Min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Gen. Arterio Sclerosis

DUE TO (c)

???

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)  
Joseph J. Marsh Sr. CORONER

22b. ADDRESS  
Troy, Missouri

22c. DATE SIGNED  
4/24/62

23. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23d. DATE  
4-25-62

23c. NAME OF CEMETERY OR CREMATORY  
Oak Ridge Cemetery

23d. LOCATION (City, town, or county) (State)  
Elsberry, Mo.

24. FUNERAL DIRECTOR

ADDRESS

O'Garlan C. Ricks Elsberry, Mo.

25. DATE RECD. BY LOCAL REG.

4-26-62

26. REGISTRAR'S SIGNATURE

Ray T. Pearsall  
Acting Local Reg. 4/24/62

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

10570

20570

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94201

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MAY 3 1962

MAY 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*C. J. G. [Signature]*

Licensed Embalmer No. 4012  
P. O. Address Elmhurst, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

(Permit not obtained)